

# City Of Louisburg

## Fire Hydrant Meter Usage agreement

Date:\_\_\_\_\_

Projected Date to Return:\_\_\_\_\_

### Billing Information:

Company Name:\_\_\_\_\_

Company Address:\_\_\_\_\_

Contact Person:\_\_\_\_\_

Company Phone Number:\_\_\_\_\_Fax #\_\_\_\_\_

### Equipment issued:

1. Hydrant Meter Meter #:\_\_\_\_\_

2. Hydrant Wrench Yes\_\_\_\_\_No\_\_\_\_\_

3. Hydrant Hose Size\_\_\_\_\_Length\_\_\_\_\_

Beginning Reading:\_\_\_\_\_

Ending Reading:\_\_\_\_\_

Total Water Usage:\_\_\_\_\_

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Deposit of \$150 paid by : Check\_\_\_\_\_Cash\_\_\_\_\_

\_\_\_\_\_  
Contractor's Signature

\_\_\_\_\_  
Contractor's printed name

\_\_\_\_\_  
City Employee's Signature

\_\_\_\_\_  
City Employee's printed name

Deposit will be refunded upon return of equipment less  
damage and/or loss of equipment.